

2015

ADRA Site Visit Report



TB/HIV Oversight Committee

11 December 2015

INTRODUCTION

The HIV/TB oversight committee paid a site visit to ADRA, a Global Fund (GF) Principal Recipient (PR), and Pro-Link, one of ADRA's sub recipients, in Accra on December 11th, 2015 to familiarize itself with their work.

CCM OVERSIGHT TEAM

1. Evans Opata
2. Genevieve Dorbaryi
3. Faustus Dasaah
4. Annekatriin El Oumrany

OBJECTIVES OF THE VISIT

- Hold discussions with ADRA GF Project Officer Phyllis Kudolo, Pro-Link staff in charge of the implementation of the GF component, Pro-Link Peer Educators (= FSWs), a nurse who undertakes HTC in the field and FSWs
- Familiarization with the activities carried out by ADRA and its sub recipient Pro-Link and understand the related challenges

IN-BRIEFING

The site visit took place on Friday, 11 December, from 9pm – 11:30pm in LEKMA (Ledzokuku Krowor Metropolitan Assembly), a bustling community at night, which shares boundaries with Tema. There are supposedly around 400 to 500 roamer FSWs from Teshie, Nungua, Spintex and its surrounding communities working in this neighborhood. Many of them work at the market during the day or engage in small businesses while many of them are without jobs and work mostly in the night as FSW. For this reason, ADRA / Pro-Link collaborate primarily with roamers (vs. seaters) at this place.



The team was met on arrival by Phyllis Kudolo who took the team through ADRA's activities under the GF and how it utilizes its grants. ADRA as a GF PR has been working with FSWs since 2010. Currently, ADRA targets FSWs in 20 districts in four regions through three SRs:

- Mission of Hope (MIHOSO): 5 districts in Ashanti Region

- Christian Council: 7 districts in Eastern Regions
- Pro-Link: 3 districts in Volta Region and 5 districts in Greater Accra

The main activities include education of FSWs and their non-paying partners on HIV and STIs, condom promotion and distribution (144 pcs for 3 GHC), HIV testing and counseling as well as referral. Stigma reduction activities are employed among the FSW and staff of healthcare facilities. Under the new funding model, screening for tuberculosis is added as a new component. ADRA intends to set up seven drop-in centers and 15 condom vending machines at FSW hotspots within those above mentioned districts.

In the community visited, Pro-Link collaborates with four peer educators, of whom three women target the FSW and one man targets the non-paying partners of the FSWs. All have targets for 1:1 IEC on HIV and STIs, IEC on lubricant and condoms, and condom distribution. In addition to these activities, they also educate FSWs on women empowerment and saving habits. Peer educators receive a travel and transport and communication allowance of 300 GHC.

Once per week, there is meeting of the PEs with Pro-Link staff to discuss current issues, while once per month data of the PEs are collected and collated. During those meetings, the knowledge of the PEs on the various aspects of HIV and STIs is reviewed and refreshed. In order to verify the performance of the PEs, PEs need to check into an attendance notebook upon arrival in the community. The field officer checks randomly the actual presence of the PEs in the field and their activities to ensure that data provided are accurate. To get a better feedback on the quality of peer education services, Pro-Link plans to undertake a client satisfaction survey in 2016. In order to enhance motivation, Pro-Link offers a yearly award to the best performing peer educators.

Pro-Link states that drug use is very common among FSWs. However, most of the FSWs use alcohol and marihuana rather than hard drugs. PWID is supposedly rather rare among FSWs, however more common among their non-paying partners. Sensitization on the consequences of drug abuse is hence part of the sensitization activities, especially when a woman is pregnant.

Non-paying partners are included in all of the activities but counted separately since respective achievements are not among the key performance indicators. However, it is said to be close to impossible to involve paying clients of the FSWs in the activities.



MEETING WITH PEER EDUCATORS

After the introduction on the activities, the site visit team was accompanied to the HTC location where a large number of Pro-Link peer educators greeted them.

Pro-Link explained that attrition among their peer educators is limited so that the majority has a lot of



referral booklets, as well as condoms and lubricant for sale. The torch is crucial since the neighborhood was completely dark.

PEs are also commercial sex workers and are thus very knowledgeable about the conditions, problems and concerns of FSWs. They informed the team that a FSW, while having good and bad days, can make on average 100 GHC a day, which explains why revenue generating activities have limited potential to replace sex work in the long run.

The HTC location, run by the project nurse three times a month, is accommodated in a container without roof and electricity. Privacy and confidentiality are provided by a mobile screen. Whenever it rains, Pro-Link rents a room to carry out HTC. The project nurse offers HTC, advice on correct condom use and on health/STI issues to FSWs and their partners in the community. When the site visit team asked about the acceptance of condoms, the project nurse explained that her clients tend to avoid the *Be Safe* condoms completely since the issue of defective condoms in the past.

Whenever necessary, she refers her clients for diagnosis and treatment to a healthcare facility of their choice. She works at LEKMA hospitals and offers FSWs to see her directly to minimize fears of FSWs of stigma that might prevent them from coming to a healthcare facility. The free choice of healthcare facilities also contributes to reduction of fears of stigma as the FSWs can choose where they have been treated nicely in the past or to avoid others where the personnel might recognize them. Peer educators confirmed that FSW have access to HIV post exposure prophylaxis when needed.

The Pro-Link field staff informed the team that there may be sudden outbreaks of violence among the FSWs and their pimps, they may be subject of police raids and are also at risk of inhaling cigarette or

experience. PEs are expected to work on three days per week. The peer educators showed the team the content of their backpack that they received from Pro-Link: a raincoat, a torch for activities in the dark, several IEC materials,



drug fumes when interacting with the FSWs on the ground. Pro-Link t-shirts partly help to avoid police harassment. In case of arrest, the field officers have the telephone number of a higher rank police officer.

The site visit team had to acknowledge an outstanding motivation among the Pro-Link staff to work in this environment under difficult and partly dangerous conditions particularly at night time.

Unfortunately, time was limited for the actual field visit since the site visit team was told that they keep off the clients. For this reason, the objective to exchange with FSWs on their experiences and expectations of the services offered was not fully achieved. However, the site visit team had a very good insight in the field work of ADRA and notably Pro-Link and the challenges involved. The team agreed that the Pro-Link team had very good knowledge about their work and seemed to be doing a great job.

Challenges encountered:

- High mobility of FSWs hinders continued and seamless IEC
- Fear of stigma combined with high mobility results in difficulties of follow up, especially after a positive test result. FSWs cannot be easily traced in order to ensure that they get further diagnosis and treatment at a hospital
- Field officers have to work at late hours and are at risk of being involved in violence, being arrested during police raids, inhaling the smoke of cigarettes and joints and being robbed

The Pro-Link team was also asked what they would like to do differently in the project. Proposals mentioned were:

- STI treatment should be free of charge since it is not covered by NHIS. Apparently, many FSW are not willing/able to pay for STI treatment
- Support for children of FSW who are often left to themselves
- Regular health checkups for field officers who tend to work under challenging conditions
- Rehab centers for very young FSWs for reintegration into society

LIST OF CONTACT PERSONS

	Name	Designation	Organization	Contact no
1.	Phyllis Kudolo	Project Manager Global Fund HIV NFM	ADRA Ghana	024 4583969
2.	Nana Adjoa Nettey	Project Coordinator	Pro-Link	024 4080320
3.	Emmanuel Dzidzorm Adiku	M&E Coordinator	Pro-Link	024 3626494
4.	Dorcas Omane Boateng	Field Officer	Pro-Link	024 3080584
5.	Edith Asare Mensah	Project Nurse	Pro-Link / GHS	024 4207804
6.	Several FSW peer educators			